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**NONPROFIT
 CORPORATION
 ANNUAL REPORT
 1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 744111

1. Corporation Name

BENT TREE CENTER ASSOCIATION, INC.

Principal Place of Business

13848 SW 56TH ST
 MIAMI FL 33175
 US

Mailing Address

13848 SW 56TH ST
 MIAMI FL 33175
 US



2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

29

Country

30

3. Date Incorporated or Qualified

08/30/1978

4. FEI Number

59-1881414

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution

☐

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

STRALEY, STEPHEN J.
 3990 SHERIDAN ST
 STE 109
 HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed, printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MAHER, JOHN A
 STREET ADDRESS 13936 SW 52 TERRACE
 CITY-ST-ZIP MIAMI FL

TITLE TD ☐ DELETE

NAME MOORE, PATRICK
 STREET ADDRESS 13950 SW 52 LANE
 CITY-ST-ZIP MIAMI FL

TITLE DS ☐ DELETE

NAME BERV, EMILY
 STREET ADDRESS 13945 SW 52 LANE
 CITY-ST-ZIP MIAMI FL

TITLE D ☒ DELETE

NAME RAMOS, MARY KAY
 STREET ADDRESS 13946 SW 52 LANE
 CITY-ST-ZIP MIAMI FL

TITLE VPD ☐ DELETE

NAME FERNANDEZ, MARGARITE
 STREET ADDRESS 13936 SW 52 LANE
 CITY-ST-ZIP MIAMI FL 33175

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John A. Maher, President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/99 305-380-9020

CR2E037 (11/98)